

REDACTED - FOR PUBLIC INSPECTION

June 22, 2015

Ms. Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, D.C. 20554

Re: Connect America Fund, WC Docket No. 14-58, 47 CFR § 54.313 Annual Reporting Requirements for High-Cost Recipients (Form 481)

Dear Ms. Dortch:

Attached please find Epic Touch Co., Inc.'s high-cost support recipient annual report pursuant to 47 CFR § 54.313 (Form 481).

Epic Touch Co., Inc. is filing certain financial information, reported pursuant to 47 CFR § 54.313(f)(2), as confidential under the November 16, 2012 Protective Order (DA 12-1857). Pursuant to that Order, each page of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version of this information has been marked "CONFIDENTIAL INFORMATION - SUBJECT TO PROTECTIVE ORDER IN WC DOCKET NOS. 10-90, 07-135, 05-337, 03-109, 14-58, GN DOCKET NO. 09-51, CC DOCKET NOS. 01-92, 96-45, WT DOCKET NO. 10-208 BEFORE THE FEDERAL COMMUNICATIONS COMMISSION." As such, Epic Touch Co., Inc. requests that the non-redacted version of its submission be withheld from public inspection.

Epic Touch Co., Inc. is also requesting confidential treatment of certain information being filed pursuant to 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1) (five year service quality improvement plan) under 47 CFR § 0.457 and 0.459. The redacted version of this filing has been marked "REDACTED - FOR PUBLIC INSPECTION." The non-redacted version has been marked "CONFIDENTIAL - NOT FOR PUBLIC INSPECTION."

Pursuant to 47 CFR § 0.459, Epic Touch Co., Inc. offers the following in support of its request for confidential treatment of certain information.

- *Identification of the specific information for which confidential treatment is sought:* Epic Touch Co., Inc. seeks confidential treatment of the five year service quality improvement plan required per 47 CFR § 54.202(a)(1)(ii) and 54.313(a)(1).
- *Identification of the Commission proceeding in which the information was submitted or a description of the circumstances giving rise to the submission:* Epic Touch Co., Inc. is providing the five year service quality improvement plan as part of its annual high-cost support recipient report per 47 CFR § 54.313.
- *Explanation of the degree to which the information is commercial or financial, or contains a trade secret or is privileged:* Epic Touch Co., Inc. considers the information to be highly sensitive in that it

contains statements about the Company's future investment plans, and discusses specific equipment and strategies the Company will utilize to provide services.

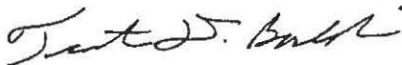
- *Explanation of the degree to which the information concerns a service that is subject to competition:* Epic Touch Co., Inc. provides voice and broadband services that are in competition with various landline and wireless providers; thus, the investment data disclosed is related to services subject to competition to a high degree.
- *Identification of any measures taken by the submitting party to prevent unauthorized disclosure:* Epic Touch Co., Inc. makes the data being provided available only to employees, consultants, and attorneys on a limited, need-to-know basis.
- *Identification of whether the information is available to the public and the extent of any previous disclosure of the information to third parties:* The information is not publicly available.
- *Justification of the period during which the submitting party asserts that material should not be available for public disclosure:* Epic Touch Co., Inc. requests that the data provided be treated as confidential indefinitely. Due to the sensitive nature of the data, it would not be appropriate for public disclosure at any time in the foreseeable future.
- *Any other information that the party seeking confidential treatment believes may be useful in assessing whether its request for confidential treatment should be granted:* None.

Accordingly, Epic Touch Co., Inc. requests confidential treatment of the five year service quality improvement plan pursuant to section 0.457 and 0.459 of the Commission's rules.

The redacted version of this Form 481 submission will be filed via the Commission's Electronic Comment Filing System (ECFS) in the above-captioned docket.

If you have any questions about this filing, please contact the undersigned.

Sincerely,



Trenton D. Boaldin
President

Attachment

cc: Charles Tyler
Telecommunications Access Policy Division
Wireline Competition Bureau
Federal Communications Commission
445 12th Street, S.W., Room 5-A452
Washington, DC 20534

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	439011
<015> Study Area Name	EPIC TOUCH CO.
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Becky Scott
<035> Contact Telephone Number: Number of the person identified in data line <030>	6206972111 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	bascott@epictouch.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<div style="border: 1px solid black; height: 20px; width: 80px;"></div>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">4390110K510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">4390110K610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bsscott@epictouch.com
<110>	Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

4390110K112.pdf

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How much (USF) was used to improve service quality and how support was used to improve service quality
- <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable
Not Applicable

(200) Service Outage Reporting (Voice)
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

[illegible]

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

[illegible]

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

[illegible]

(800) Operating Companies FCC Form 481
 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com
<810>	Reporting Carrier	Epic Touch Company
<811>	Holding Company	Epic Touch Company
<812>	Operating Company	Epic Touch Company

<a1>	<a2>	<a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
-- See attached worksheet --		

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 439011
 <015> Study Area Name EPIC TOUCH CO.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Becky Scott
 <035> Contact Telephone Number - Number of person identified in data line <030> 6206972111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> bscott@epictouch.com

<910> Tribal Land(s) on which ETC Serves

--

<920> Tribal Government Engagement Obligation

--

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
 <922> Feasibility and sustainability planning;
 <923> Marketing services in a culturally sensitive manner;
 <924> Compliance with Rights of way processes
 <925> Compliance with Land Use permitting requirements
 <926> Compliance with Facilities Siting rules
 <927> Compliance with Environmental Review processes
 <928> Compliance with Cultural Preservation review processes
 <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers

Lifeline

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

439011OK1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, ☒
- <1222> Details on the number of minutes provided as part of the plan, ☒
- <1223> Additional charges for toll calls, and rates for each such plan. ☒

(2000) Price Cap Carrier Additional Documentation

FCC Form 481

Data Collection Form

OMB Control No.: 3060-0986/OMB Control No.: 3060-0819

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206372111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	b.scott@epictouch.com

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)i}
 <2011a> 3rd Year Certification {47 CFR § 54.313(b)(1)ii}
 <2011b> Attachment {47 CFR § 54.313(b)(1)ii}

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Calculation {47 CFR § 54.313(c)(1)}
 <2013> 2014 Frozen Support Calculation {47 CFR § 54.313(c)(2)}
 <2014> 2015 Frozen Support Calculation {47 CFR § 54.313(c)(3)}
 <2015> 2016 and future Frozen Support Calculation {47 CFR § 54.313(c)(4)}

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

- <2016> Certification Support Used to Build Broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

- <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

- <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code 439011
 <015> Study Area Name EPIC TOUCH CO.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Becky Scott
 <035> Contact Telephone Number - Number of person identified in data line <030> 6206972111 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> bscott@epictouch.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan
 Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. ☐

- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
 (3014) If yes, does your company file the RUS annual report

(Yes/No) ☐ ☐
 (Yes/No) ☐ ☐

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) ☐
 (3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, Is your company audited?

(Yes/No) ☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications ☐
 (3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐
 (3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit ☐

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, ☐
 (3023) Underlying information subjected to a review by an independent certified public accountant ☐
 (3024) Underlying information subjected to an officer certification. ☐
 (3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows ☐

- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	439011
<015> Study Area Name	EPIC TOUCH CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bsscott@epictouch.com

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

Name of Attached Document Listing Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	439011
<015> Study Area Name	EPIC TOUCH CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier: EPIC TOUCH CO.	
Signature of Authorized Officer: CERTIFIED ONLINE	Date: 06/29/2015
Printed name of Authorized Officer: Trenton Boaldin	
Title or position of Authorized Officer: President	
Telephone number of Authorized Officer: 6206972111 ext.	
Study Area Code of Reporting Carrier: 439011	Filing Due Date for this form: 07/01/2015
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or Imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	439011
<015> Study Area Name	EPIC TOUCH CO.
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Becky Scott
<035> Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	bacott@epictouch.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

REDACTED FOR PUBLIC INSPECTION

Attachment – Line 112

Epic Touch Company

SAC 419009

**CONTAINS CONFIDENTIAL INFORMATION
ATTACHMENT REDACTED IN ITS ENTIRETY**

AFFIDAVIT CERTIFYING COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Epic Touch Co. hereby certifies to the pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

- 1) Epic Touch Co. has established operating procedures designed to facilitate compliance with applicable service quality standards, CTIA Code, and consumer protection rules.
- 2) Epic Touch Co. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Epic Touch Co. Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. and

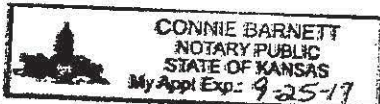
I certify under penalty of perjury under the laws of the State of Kansas

Trent D. Boaldin

DATED this 6-17-2015 day of June, 2015

Trenton D. Boaldin
Epic Touch Co.
PO Box 1260
Elkhart, KS 67950

SUBSCRIBED AND SWORN to before me this 17th day of June, 2015



Connie Barnett

Notary Public

My Commission Expires:

9-25-17

AFFIDAVIT CERTIFYING COMPLIANCE WITH §54.313(a)(5) AND §54.313(a)(6)

Epic Touch Co. hereby certifies to the pursuant to the requirements under 47 C.F.R. §54.313(a)(5) and §54.313(a)(6) that:

- 1) Epic Touch Co. has established operating procedures designed to facilitate compliance with applicable service quality standards, CTIA Code, and consumer protection rules.
- 2) Epic Touch Co. has established operating procedures designed to facilitate compliance with service quality standards which may include customer remedies and improvement plans.
- 3) Epic Touch Co. Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations. and

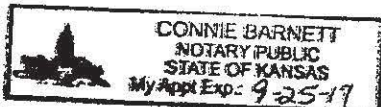
I certify under penalty of perjury under the laws of the State of Kansas

Trenton D. Boaldin

DATED this 6-17-2015 day of June, 2015

Trenton D. Boaldin
Epic Touch Co.
PO Box 1260
Elkhart, KS 67950

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Connie Barnett

Notary Public

My Commission Expires: 9-25-17

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	439011
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015
43.99

<703>

[illegible]

Data Collection Form

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	439021
<015>	Study Area Name	EPIC TOUCH CO.
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Becky Scott
<035>	Contact Telephone Number - Number of person identified in data line <030>	6206972111 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	bscott@epictouch.com

<810>	Reporting Carrier	Epic Touch Company
<811>	Holding Company	Epic Touch Company
<812>	Operating Company	Epic Touch Company

[illegible]

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE

5.1 Lifeline Service

5.1.1 Description and Applicability

- A. Lifeline Service is an assistance program using a combination of wireless facilities and resold service. Lifeline Service only includes basic dial tone service and the services set forth in Section 5.1.2 hereof. Lifeline Service does not include any of the enhanced features generally available to subscribers of the Company's Community Plan, including Caller ID, 3-way conference calling, voice mail, phone-to-phone SMS to other Epic Touch customers, call waiting, and call forwarding.
- B. Eligible customers will receive a credit as set forth in Section 5.1.4 below. This credit shall be applied to the Lifeline Service that eligible customers receive from the Company. Epic Touch's Lifeline Service rates are set forth in Section 5.1.5, which take into account the credit set forth in Section 5.1.4.
- C. Customers shall not receive more than one Lifeline credit regardless of the number of residential lines or locations where the customer receives service within the State of Oklahoma.
- D. All charges, either recurring or nonrecurring, assessed for any service or feature other than Lifeline Service shall be billed at the applicable rate.
- E. Lifeline Service shall not be available on a retroactive basis.

5.1.2 Designated Services Available to Lifeline Customers*

The following Services shall be offered to eligible Lifeline Customers using a combination of the Company's wireless facilities and resold service:

- A. Single Party Service
- B. Local Usage
- C. Touch Tone Services
- D. Voice Grade Access to the Public Switched Network
- E. Access to Emergency Services
- F. Access to Operator Services
- G. Access to Interexchange Services
- H. Access to Directory Assistance
- I. Availability of Toll Restriction at No Charge

* Lifeline service may not be disconnected for non-payment of toll charges. Eligible customers accepting toll restriction services shall not be required to pay a deposit.

Issued: February 3, 2005

Effective: February 3, 2005

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.3 Eligibility Requirements

- A. Customers or applicants seeking a Lifeline service credit must provide documentation to the Company establishing that the customer or applicant meets one or more of the following eligibility requirements prior to receiving the Lifeline service credit.
1. The applicant or customer must meet the requirements for eligibility for either Medicaid, Food Stamps, federal public housing, Low-Income Energy Assistance Program, or Supplemental Security Income. Additionally, persons who are eligible recipients of income assistance for Vocational Rehabilitation (including Aid to the Hearing Impaired) are also eligible for the Lifeline Service credit; or
 2. Are eligible for or receive assistance or benefits, as certified by the State Department of Rehabilitation services, under programs providing vocational rehabilitation, including aid to the hearing impaired; or
 3. Are eligible for or receive assistance or benefits, as certified by the Oklahoma Tax Commission, pursuant to the Sales Tax Relief Act, section 5011 et seq. of Title 68 of the Oklahoma Statutes.
 4. For federal income tax purposes, the applicant is not a dependant unless over sixty years of age.
- B. The eligibility requirements listed above will be certified to by the applicant or the applicable state agency. The Company assumes no responsibility for the certification of customers or applicants eligibility.

Upon receipt of the applicant's documentation establishing eligibility as stated above, the Company will begin providing the credit.

- C. Lifeline customers are required to provide documentation for the purpose of determining their continuing eligibility for the Lifeline credit, upon request of the Company, no less frequently than annually.
- D. The Lifeline service credit will be discontinued for customers who no longer meet the eligibility requirements for Lifeline Service credit.

Issued: February 3, 2005

Effective: February 3, 2005

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

Epic Touch Co.
Cause No. PUD 200300167
Order No. 500425

Oklahoma Tariff No. 1
1st Revised Sheet 34
Cancels Original Sheet 34

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP SERVICE (cont'd)

5.1. *Lifeline Service* (cont'd)

5.1.4 Lifeline Credits

A.	Federal Lifeline Discount:	Monthly Credit*
		\$9.25 (CR)
		(RT)

*Credit amount will not exceed the total of the subscriber line charge and the residential local exchange rate. In no instance will a subscriber's monthly local exchange rate be less than \$2.50 after application of the Lifeline credits.

Public Utility Division
201300188
Tariff Sheets Approved
per 85:55-5-10(c)

Issued: December 9, 2013

Effective: December 10, 2013

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 5 – EPIC TOUCH LIFELINE AND LINKUP USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.5 Monthly Lifeline Service Rates

- A. Lifeline Wireless USF Service – Epic Touch shall charge the following rate for Lifeline Wireless USF Service. Such service shall include 500 minutes per month of local usage, and are available at any time of the day or week, without incurring additional charges above the basic universal service plan cost.

Monthly Service Fee: \$15.00/month

- B. Lifeline Resale USF Service – Epic Touch shall charge the following rates for Lifeline Resale USF Service, on an exchange by exchange basis, within its service area. Such service shall include 500 minutes per month of local usage, and are available at any time of the day or week, without incurring additional charges above the basic universal service plan cost. These rates are for a service period of one month, and are payable in advance:

Exchange:	(NPA/NNX):	Residential:
Adams	(580-253)	\$16.56
Balko	(580-646)	\$16.56
Beaver	(580-625)	\$18.00
Boise City	(580-544)	\$18.00
Bryan's Corner	(580-361)	\$16.56
Eva	(580-545)	\$18.00
Felt-Wheelless	(580-426)	\$18.00
Floris	(580-259)	\$16.56
Forgan	(580-487)	\$16.56
Gate	(580-934)	\$18.00
Goodwell	(580-349)	\$19.45
Griggs	(580-543)	\$18.00

Issued: February 3, 2005

Effective: February 3, 2005

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

SECTION 4 – EPIC TOUCH RESALE USF SERVICE (cont'd)

5.1 Lifeline Service (cont'd)

5.1.5 Monthly Lifeline Service Rates (cont'd)

B. Lifeline Resale USF Service (cont'd)

Exchange:	(NPA/NNX):	Residential: *
Guymon	(580-338; 580-468)	\$19.45
Hardesty	(580-888)	\$16.56
Kenton	(580-261)	\$18.00
Keyes	(580-546)	\$18.00
Laverne	(580-921)	\$18.00
Logan	(580-837)	\$18.00
Texhoma	(580-423)	\$18.00
Turpin	(580-778)	\$19.45
Tyrone	(580-854)	\$16.56

Issued: February 3, 2005

Effective: February 3, 2005

Trent D. Boaldin
Epic Touch Co.
610 S. Cosmos Street
Elkhart, KS 67950-1260

AFFIDAVIT

STATE OF Kansas)
)
COUNTY OF Morton)

BEFORE ME, the undersigned authority, appeared Trenton D. Boaldin, who deposed and stated:

1. My name is Trenton D. Boaldin. I am employed by Epic Touch Co. as its President. I am an officer of Epic Touch Co. and am authorized to give this affidavit on behalf of Epic Touch Co. This affidavit is being given to support the Oklahoma Corporation Commission's certification as required by 47 C.F.R. § 54.314.

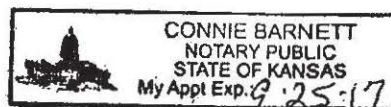
2. Epic Touch Co. hereby certifies that it has used all federal high-cost and CAF support it received in the preceding calendar year, 2014, and will use all such support it receives in the new calendar year, 2016, only for the provision, maintenance, and upgrading of facilities capable of delivering voice and broadband services to homes, businesses and community anchor institutions for which the support is intended, regardless of the rule under which that support is provided.

FURTHER THE AFFIANT SAYETH NOT.

Trenton D. Boaldin
Trenton D. Boaldin
President, Epic Touch Co.

SUBSCRIBED AND SWORN TO BEFORE ME this 29th day of June, 2015.

Connie Barnett
NOTARY PUBLIC



My Commission Expires: 9-25-17
(Notary Seal)